DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/17/2013 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR SUMMARY STATEBUSY FOR EXPECIAL SET AND RESS, CITY, STATE, 2IP CODE SAME STATE BLVD FORT WAYNE, IN 48815 O(4) ID SUMMARY STATEBUSY OF DEPRETABLES FOR DEPRETABLES SHADE STATE BLVD FORT WAYNE, IN 48815 FROM INITIAL COMMENTS This visit was for a Recertification and State Licensure Survey. This visit was in conjunction with the investigation of complaint IN00130249. Survey dates: June 10, 11, 12, 13 & 14, 2013 Facility number: 100267240 Survey team: Virginia Terveer, RN, TC Sue Brooker, RD Julie Call, RN Angle Strass, RN Census bed type: SNF: 2 SNF:NF: 48 Total: 50 Census payor type: Medicair: 2 Medicair: 40 Other: 8 Total: 50 Miller's Merry Manor, Fort Wayne, was found to be in compliance with 42 CFR Part 483, Subpart B and 410 LAC 16.2 in regard to the Recertification and State Licensures Survey and the investigation of compliant completed on June 14, 2013 by Randy Fyr RN. LABORATORY DRIVERS SURPAINED SURPAINED SURPAYING LABORATORY DRIVERS SURPAINED SURPAYING STORE MANOR SURPAINED SURPAYING STORE TABLE STATE BLVD FORT WAYNE, IN 48815 CHOSS-REPERSECTION SHOULD BE CARDON SURPAYING SURPAYING FORT WAYNE, IN 48815 FOOD FOO	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
MILLER'S MERRY MANOR SUMMARY STATEMENT OF DEFICIENCIES FORT WAYNE, IN 46815	155321			B. WING	B. WING		06/14/2013	
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS This visit was for a Recertification and State Licensure Survey. This visit was in conjunction with the investigation of complaint IN00130249. Survey dates: June 10, 11, 12, 13 & 14, 2013 Facility number: 000214 Provider number: 150321 AIM number: 100267240 Survey team: Virginia Terveer, RN, TC Sue Brooker, RD Julie Call, RN Angie Strass, RN Census bed type: SNF: 2 SNF:NF: 48 Total: 50 Census payor type: Medicade: 2 Medicadi: 40 Other: 8 Total: 50 Miller's Merry Manor, Fort Wayne, was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16. 2 in regard to the Recertification and State Licensus Survey and the investigation of complaint IN00130249. Quality review completed on June 14, 2013 by Randy Fry RN.					5544 E STATE BLVD			
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Randy Fry RN.		be in compliance wit B and 410 IAC 16.2 Recertification and S	h 42 CFR Part 483, Subpart in regard to the State Licensure Survey and					
		Randy Fry RN.				TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED		
		155321	B. WING		06/	06/14/2013		
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 5544 E STATE BLVD FORT WAYNE, IN 46815				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION		SHOULD BE COMPLETION		